

CHAPTER 9

APHIS WELLNESS PROGRAM

9.1 PURPOSE

The APHIS Wellness Program is designed to enhance the health and well-being of APHIS employees while increasing their productivity and morale, and decreasing absenteeism, workers' compensation expenses, turnover rate, deaths, and premature retirements. With the accomplishment of these goals, APHIS has the opportunity to provide a positive influence on employee health and improve overall productivity, both immediately and in the future.

9.2 OBJECTIVE

The objective of the Wellness Program is to encourage employees to generate a healthy attitude and lifestyle and to develop habits that will improve their health and morale, and prevent illness. Wellness is defined as an active process of becoming aware of and making choices toward a more successful existence. Wellness means taking responsibility for your health by learning to stay healthy, practicing good health habits, and giving up harmful/fatal ones.

9.3 RESPONSIBILITIES

The APHIS Wellness/Work Family Life Coordinator, Safety, Health, and Environmental Staff (SHES), is responsible for assisting the Designated Agency Safety and Health Official (DASHO) in establishing the policy for the APHIS Wellness Program; and for providing technical guidance and advise to the DASHO, Collateral Duty Safety and Health Officers (CDSHO's), National APHIS Safety and Health Council (NASHC), and supervisors.

Regional directors/laboratory directors/supervisors will designate an individual to guide employees within their respective jurisdiction. This individual may be the CDSHO, or the WFL Coordinator.

Supervisors are responsible for making the Wellness Program known to all employees and should encourage employees to participate in the program. Supervisors may grant administrative leave for employees to obtain training, e.g., standard first aid, cardiopulmonary resuscitation (CPR), employee counseling, and smoking cessation programs.

9.4 WELLNESS PROGRAM COMPONENTS

The following information contains suggestions on how to improve your health through wellness activities. However, remember the following:

1. Before getting involved in a physical fitness or weight reduction program, consult with your physician.
2. Eat a balanced diet, get plenty of sleep (6-8 hours) a night, balance leisure activities with work and exercise regularly.
3. Know the early warning signs of illness and do not wait to get treatment.

Wellness has several components which contribute to the overall health of an individual; emotional, intellectual, nutritional, physical, social, and work family life balance. Each of these areas are detailed below.

A. Emotional

The emotional component emphasizes an awareness and acceptance of feelings. It includes the capacity to manage feelings and related behaviors including the realistic assessment of limitations, development of autonomy, and ability to cope effectively with stress.

People with high self-esteem like themselves and feel proud of who they are. They feel good about their friendships, work relationships, and families. They can let go of situations they cannot control, but they take action if it can help. Employees who feel good about themselves can sometimes influence those who do not.

APHIS has an Employee Counseling Service Program (ECSP) available to employees. On average, over two-thirds of the employees who seek assistance from their agency's ECSP are helped. When employees facing difficult personal or family problems get the help they need from effective ECSP, the benefits are improved employee health, reduced absenteeism, improved work quality, and greater job satisfaction.

B. Intellectual

This component encourages creative, stimulating mental activities. Individuals use resources to expand their knowledge and improve their skills, while sharing the information with others. Cultural activities, classroom activities, and games provide a mind stimulating "work out" that research is now finding decreases the chances of senility. An appreciation for learning will lead to an ability to see problems and challenges not as stumbling blocks, but as stepping stones. Pursuing intellectual activities can be a method to reduce the stressors that occur in work and family life.

Researchers believe that games provide the means to develop reasoning and problem solving abilities, and enhance creativity and learning. These skills can be applied to various areas, including stress management, by identifying potential problems, and choosing an appropriate course of action.

Many people think of stress as tension or pressure. Stress is the way an individual responds to change. Understanding stress and its effects can help you use it to your advantage and turn potential "stressors" into positive challenges. We count on stress to mobilize our bodies during real or potentially life-threatening situations, and for the extra surge we need to master a problem and arrive at a creative solution. An abundance of information is available on coping skills, values clarification, assertiveness, and relaxation techniques.

Relaxation techniques can help relieve both the physical and emotional tension that sometimes occur in a routine day. Yoga and meditation cassette and video tapes are

available to learn relaxation techniques.

C. Nutritional

Good nutrition encompasses both quantity and quality of the food consumed. A healthy diet keeps your body fit and full of energy. Eating right can make a big difference in your appearance, how often you are sick, how quick you recover, and how long you may live. Good nutrition helps fight infection and prevent disease. Three well-balanced meals a day should be planned, including breakfast, which is probably the most important meal. Eat fruits, vegetables, proteins, nonfat dairy products, and whole grains each day. Limit your intake of salt, sugar, fats, cholesterol, and over processed food.

The following lists the six basic nutrients needed and sources of each:

1. Water. Tap or bottled water, juices, soup, nonalcoholic drinks.
2. Protein. Lean meats, poultry, fish, eggs, dairy products, dried peas and beans, nuts.
3. Carbohydrates. Whole grain products, potatoes, cereals, pasta, dried peas and beans, vegetables, fruits.
4. Fats. Liquid vegetable oils (except palm and coconut oils), some margarine.
5. Vitamins. Fruits, vegetables, dairy products, whole grains.
6. Minerals. Dairy products, green vegetables, lean meats, poultry, dried fruits.

Following a set of guidelines can guarantee some improvement to your health and well-being; however, one must keep in mind that there are factors that could interfere, which include heredity, lifestyle, personality traits, mental health, and environment.

Hypertension (high blood pressure) is sometimes called the “silent killer” because there are no specific warning signs. It is important to know your normal blood pressure and have it monitored regularly. Blood pressure can be monitored by local facilities free of charge, i.e., fire departments, blood pressure screening programs, or at your health facility at your expense. Persistent headaches, dizziness, fatigue, tension, and shortness of breath sometimes go with high blood pressure.

High blood pressure can be reduced by a low fat and low salt diet, and changes in your lifestyle, such as quitting smoking, losing weight, getting more exercise, and reducing your alcohol intake.

Weight Control. If you are 25 percent overweight, your chances of having a heart attack are about 2 ½ times greater than normal. An overweight person is forcing the heart to pump nourishment to an abnormal quantity of tissue. The resulting wear and tear on your heart and blood vessels are tremendous, raising the risk of stroke, diabetes, hypertension, cancer, and heart disease.

Suggestions for people trying to maintain a diet are: (1) have a talk with someone who is supportive, (2) tell everyone not to offer you food; (3) never accept food from another person unless you specifically ask for it; (4) request that affection not be shown in terms of food, e.g., chocolate; (5) request that others not criticize your dietetic habits; (6) ask a social support person to praise you for progress; (7) develop a behavioral contract with another person; (8) reduce food topics in your conversations; (9) use a “buddy system” with other overweight friends; (10) praise the efforts of your social support persons; and (11) maintain realistic goals.

Food Preparation. The following are some suggestions on healthy food preparation:

1. Bake, broil, steam, or stir fry food instead of frying.
2. Cook with vegetable oils or polyunsaturated margarine instead of butter. Use non-stick spray to limit the amount of oil you need.
3. Trim excess fat off meats, and remove skin from chicken before cooking.
4. Skim fat off the top of stews, soups, and sauces.
5. Season with herbs, lemon, and spices to reduce salt usage.
6. Avoid gravy.
7. Select recipes with low fat content.

C. Physical

Major lifestyle changes are not required to achieve a level of physical fitness. Regular exercise strengthens the heart, helps reduce excess weight, maintains good body weight, and promotes a positive attitude about yourself. Jumping rope, brisk walking, running, cross country skiing, swimming, and stationary cycling are some of the best exercises for a healthy heart and lungs.

Exercise can be fun! Before starting an exercise program, you should check with your physician. Establish an exercise program that is regular (3 times a week for 15-30 minutes) such as aerobics, walking, jogging, swimming, etc.

Before exercising, warm up 5-10 minutes to prepare your heart and lungs. Don't stop exercising suddenly. Cool down for 5-10 minutes after you exercise with a slow walk or jog and finish cooling down by stretching your arms, legs, and torso. This will help prevent stiffness and cramps. Any exercise program should start gradually and increase with your stamina. If you cannot easily talk with a friend while exercising, you're overexerting yourself (train, don't strain).

Consult with your physician before starting an exercise program. This is especially important for those with cardiovascular disease (CVD). CVD is a disorder of the heart (cardio) and blood vessels (vascular). The most common consequences of untreated CVD are heart attacks and strokes.

Exercising for flexibility helps prevent injuries and improves your body's ability to move. The same exercises mentioned above for warming up and cooling down can be performed. To improve your flexibility, gradually try to hold a position longer or increase the number of repetitions.

While caloric restriction and a sedentary lifestyle (resulting in loss of muscle) cause your metabolism to slow down, regular physical activity and an increase in caloric intake increase your Resting Metabolic Rate (RMR). This makes it easier to explain why physically inactive dieters have difficulty continuing to lose weight after a few weeks and seem to put it back on very quickly. Furthermore, very active individuals can eat more, and remain lean because both factors elevate RMR.

The calories burned during physical activity can be significant contributors to weight loss over a period of time. A daily 1 mile walk would burn roughly 100 calories for a person weighing approximately 125 pounds. This would burn enough calories to lose over 10 pounds of fat per year.

Physical activity helps to regulate appetite to the number of calories burned. The amount of body heat developed during exercise helps suppress the "hunger center" (Hypothalamus). This is why you are much less hungry on a hot day.

Most muscular strength and endurance are developed through good workout habits, which are obtained through proper training and diet.

D. Social

Effective communication and interpersonal relationships are central to the social component. Communication patterns differ across cultures, ethnic groups, geographical regions, families, age groups, and gender. To be able to translate these differences, it is important to recognize that through perceptions, we make meaning about whom we are, who others are and how we stand in relation to others. Perceptions are based on the information we have about ourselves and others. It comes from life experiences, skills, culture, gender, and age; the same areas we try to translate in others. Often we assume that:

1. The other person perceives the situation the way we do.
2. The other person is making the same inferences and assumptions we are.
3. The other person is experiencing, or ought to experience, the same feelings we do.
4. The other person's understanding of the situation ought to be based on our logic.
5. The communication process in a given situation, has little or no relation to other events in the situation or to history.

F. Work Family Life Balancing

Lifestyle management is one way to balance the competing demands of work and family

life. The Work Family Life (WFL) Program focuses on providing a work environment that is sensitive to the professional and private values, needs, and concerns of APHIS employees.

APHIS has implemented work friendly leave policies to allow employees flexibility with work schedules and home responsibilities. WFL also provides several activities during the year focusing on current work and family issues.

The WFL has four committees that work together to bring an “umbrella” of services to APHIS employees.

Caring and Assistance Team (CAT). Responsible for addressing care issues and establishing child care centers, and nutrition.

Marketing and Communication Team (MAC). Responsible for WFL marketing and communication, planning workshops, developing information packets, and assisting coordinators.

Program Information Group (PIG). Responsible for monitoring the employee assistance/counseling services and evaluating employee needs. Also, responsible for physical fitness, stress management, and smoking cessation.

Supervisory and Employee Advisory Team (SEAT). Responsible for development of training and education, coaching supervisors and employees informally before formal complaint process.

One method to find a balance between work and home, is to complete a time management chart. Make a list of everything that must be done and set realistic goals that are challenging. Decide which tasks are important and which ones can be done later. Include breaks or “time out” for yourself. Bring the family together to plan each week’s and year’s schedule, including vacations and visits from friends or relatives. Schedule time when you will have fun together.

Delegate when possible or accept help when offered. Realize you cannot always do it by yourself. And, don’t forget to build flexibility into your schedule and more importantly, communicate your plans to those who need to know.

9.5 EMPLOYEE COUNSELING SERVICE PROGRAMS (ECSP)

APHIS is required to (1) provide prevention, treatment, and rehabilitation services to employees with alcohol/drug abuse problems, (2) establish and administer short-term counseling and/or referral programs to assist employees with alcohol/drug abuse problems, (3) issue internal program instructions, and (4) submit annual fiscal year reports on counseling activities to the Office of Finance and Management.

SHES has been assigned the administrative responsibility to design, develop, and provide technical guidance and advice to managers and supervisors concerning administrative policy and procedural matters relating to the ECSP.

ECSP began in the early 1950's and 1960's when alcoholism programs began to appear in a small number of Federal agencies. The Comprehensive Alcohol and Drug Abuse Prevention,

Treatment and Rehabilitation Acts of the early 1970's officially authorized agencies to establish counseling and treatment programs for employees with substance abuse problems.

Over time, the scope of ECSP has been expanded to include emotional and mental health, marital, family, dependent care, and other problems that may affect employee job performance and conduct.

APHIS has established an ECSP to provide confidential counseling and referral services to employees who have personal and/or job-related problems that may adversely affect their performance, attendance, or conduct in the workplace. Helping employees with such problems can result in increased productivity, reduced personnel costs, and improve employee morale and well-being.

Regional and equivalent organizational heads will designate an Employee Counseling Service Program Coordinator (ECSPC) to serve employees within their respective jurisdictions. The ECSPC will:

1. Provide ECSP information, including policy and procedures, for voluntary participation in the ECSP, and the locations of available ECSP services.
2. Identify, establish, and maintain liaison with treatment and rehabilitation facilities within the region or equivalent organizations that provide ECSP services.
3. Serve as the contact person in the region or equivalent organization regarding ECSP matters.

Supervisors are responsible for making the ECSP known to employees whenever their job performance is affected. The supervisor will:

1. Provide information concerning ECSP services available to troubled employees before recommending disciplinary or adverse action.
2. Recommend and/or grant leave for participation, treatment, and rehabilitation on the same basis that leave is granted for any other situation.
3. Provide confidentiality to employees who participate in services provided through ECSP.
4. Not release information or records without the prior written approval of employees.
5. Inform employees that referral costs (not ECSP) will be assumed by employees or their health insurance provider.

ECSP services consist initially of a general evaluation; however, when more professional intervention is necessary, the counselor will refer the employee to professional organizations that provide counseling services. The cost for further professional counseling will be borne by the employee or the employee's health insurance plan.

ECSP counseling is completely confidential and no information will be released without the written consent of the employee. All ECSP information pertaining to the employee will be maintained by the ECSP counselor and maintained in compliance with the Privacy Act (5 U.S.C. 522a), and 42 CFR Part 2. No record may be released unless authorized by these authorities. The employee's job security or promotional opportunities will not be harmed in any way for requesting counseling service or participating in treatment.

Information obtained from an employee will be maintained in one folder and will not be part of the employee's Official Personnel Folder (OPF) or medical records. The OPF will not reflect an employee's participation in ECSP activities, treatment, or any rehabilitation programs, except when related to specific work-related charges leading to disciplinary action. Confidentiality of all records concerning ECSP must be strictly maintained. No information will be released without the written consent of the employee concerned, except for:

1. Communication between personnel assigned to the ECSP and staff members of a qualified service organization to perform needed service to the ECSP. Examples are referral facilities, laboratories for medical tests and procedures.
2. Communication of statistical information (without employee identification), annual reports to SHES, the Department, management audits, financial audits, or other program evaluations.
3. Transmittal of required information to medical or health personnel to meet medical emergencies.

With supervisory approval, employees may be allowed up to 1 hour (or more as necessitated by travel time) of administrative leave for each counseling session during the assessment/referral phase of rehabilitation (normal range of sessions is 4 to 8 visits per problem). After that, absences during duty hours for rehabilitation or treatment must be charged to the appropriate leave category in accordance with law and leave regulations.

Employees who are recommended by the supervisor will be granted leave (including advanced sick leave) to participate in rehabilitation programs provided by the ECSP.

9.6 ESTABLISHMENT OF FITNESS CENTERS/MEMBERSHIPS

- A. APHIS encourages the use of fitness centers at field offices to help improve employee health, morale, and productivity. Options for providing fitness facilities include:
 1. Contracting with an existing facility;
 2. Establishing a facility, either alone or in cooperation with other agencies; and
 3. Joining existing Government facilities through a cooperative agreement.

Usually the most expedient and cost effective methods of acquiring fitness facilities are contracting with a private health club or joining an existing Government facility with

excess space.

- B. Official time is only authorized in order to help employees meet job related medical standards or physical requirements. Otherwise, employees must use “non duty” (lunch period, and before and after work) time for such activities. Supervisors, however, should encourage employees to use flexitime and/or flexitour to the fullest extent possible. Short periods of excused absences may be authorized for special or one-time educational or awareness programs, such as the Federal Fitness Day, a medical fitness screening procedure for joining a fitness program, or a agency-sponsored health fair.
- C. Agency-sponsored Memberships in Privately Owned Health Clubs.
 - 1. Only APHIS employees may be subsidized by APHIS for fitness center memberships. These memberships must be group memberships in the Agency name, and not in the name of individual employees. Employees from other Federal agencies may be allowed to become members under the APHIS corporate membership agreement if arrangements for sharing funding can be negotiated. If waiting lists exist, memberships cannot be directly transferred from one employee to another. Individual usage must be carefully monitored to ensure the fullest utilization of a membership.
 - 2. APHIS can use appropriated funds to purchase access to private health club facilities for its employees. All plans for contracting with private health clubs will be forwarded to the Field Servicing Office (FSO) for approval.
 - 3. Funding for fitness center contracts should be a mix of appropriated funds and employee membership fees. A reasonable membership fee should first be established and the balance funded from appropriations.
 - 4. Employees will not be reimbursed for clothing, shoes, court time, or equipment purchases associated with a personal fitness and exercise program or program-sponsored activities.
- D. Government-owned Fitness Center
 - 1. APHIS can operate centers directly, either alone or in cooperation with other Federal agencies, or APHIS can contract out operation of the Government-owned centers to privately owned health clubs.
 - 2. Only Government employees are allowed to be members of Government-owned fitness centers. Employees from other Federal agencies should be allowed to become members if arrangements for sharing funding can be negotiated. If waiting lists exist, memberships cannot be directly transferred from one employee to another. Guests and visitors are not permitted to use fitness centers operated by APHIS.
 - 3. For fitness centers operated by APHIS, a system should be established to ensure that only members are using the facility and equipment is in good working

condition. This system can be managed with the assistance of in-house volunteers or salaried health club personnel. Such personnel should have the appropriate knowledge, skill, and ability to conduct health and fitness programs.

4. The General Services Administration (GSA) must approve the rates charged for the use of a Government-owned fitness facility. There may be separate fees for classes offered at, but not by, the fitness center. For example, separate fees may be charged for aerobics classes.
5. Plans for fitness centers will be forwarded to FSO for approval. Approval for space to establish a fitness facility must be obtained from GSA regardless of who is issuing the lease. In order to get space approval for fitness facilities, a SF 81, Request For Space, and a plan of the proposed fitness program will be submitted to the appropriate GSA regional office. For more information on this requirement, see GSA Temporary Regulation D-76, Appendix B.

E. Employees Injured While Participating in Physical Fitness Activities.

1. An employee injured while engaging in physical fitness activities has the right to file a claim for benefits under the Federal Employees' Compensation Act (FECA).
2. An employee who is injured while engaging in an activity that is specifically identified in that employee's Physical Fitness Program (PFP) is covered for all FECA benefits. A PFP is an Agency initiated structured program which allows/requires employees to participate in specified physical exercise activities and includes medical screening and fitness coordinators who oversee exercise activities (based on position description for certain series, i.e., firefighters, law enforcement).
3. For an employee who is injured while engaging in a physical fitness activity or recreational activity, which is not part of a PFP, coverage will be considered on a case-by-case basis, using claims information to determine if one of the following three criteria was met:
 - a. The activity occurred on the agency's premises during the employee's normal working hours; or
 - b. The employing agency explicitly or implicitly required participation by the employee, or the activity was part of the services of the employee to bring the activity within the scope of employment. For example, if an agency required that an employee participate in a mandatory fitness evaluation, that employee, if injured during the evaluation would be covered; or
 - c. The employing agency derived substantial direct benefit from the employee's participation in the activity, above the benefits of morale and good health. One example is a Federal employee who is injured playing a softball game with an outside organization that works on some

cooperative projects with the employing agency. The employee's injury was determined to be covered because the employee's participation in the activity established a closer professional relationship with the outside organization and substantially benefitted the agency.

4. FECA provides the only means of compensation for Federal employees injured during their employment. If an employee receives payment under FECA, he/she cannot bring suit against the U.S. Government under other statutes.
5. In some cases a third party (e.g., contractors, employee recreation associations, employee groups that are responsible for providing physical fitness programs, fitness equipment vendors, or private health clubs) is ultimately responsible for the injury. Under FECA, the U.S. Government has the opportunity to recover funds from the responsible third party. The U.S. Government itself may bring suit against the third party, or require the injured employee to bring suit against the third party.
6. The Federal Tort Claims Act, as amended by the Federal Employees Liability Reform and Tort Compensation Act of 1988, provides an individual with an appropriate remedy against the U.S. Government for personal injury caused by the negligent or wrongful acts of Federal employees, and protects Federal employees from personal liability for negligent or wrongful acts committed within the scope of employment. For example, if a Federal employee assigned and trained to be the supervisor of a Federal fitness facility dropped a weight on a person he/she was supervising, this conduct would be considered a negligent or wrongful act committed in the scope of employment. In this case, if suit were brought against the employee, the Act would provide that the U.S. Government be substituted for the employee as the defendant.
 - a. A Federal employee can no longer be sued personally for negligent or wrongful acts resulting in personal injury, provided that the employee was acting within the scope of his/her office or employment. Instead, the U.S. Government will represent the employee and be substituted as the defendant. However, the Act does not protect the Federal employee if his/her conduct is illegal (e.g., criminal), in violation of the Constitution, or outside the scope of his/her employment. For these reasons employees responsible for administering physical fitness programs may want to consider professional liability insurance as a precaution.
 - b. In some cases, injuries will involve suits by the injured party against non-Federal groups (e.g., contractors, employee recreation associations, employee groups that are responsible for providing physical fitness programs, fitness equipment vendors, or private health clubs). To provide protection against potential suits, these parties should purchase appropriate insurance, such as general liability, professional liability, employee group, and/or directors and officers insurance.

7. The following precautions to reduce the risks of injury and liability should be considered when sponsoring physical fitness programs and facilities:
- a. Require general liability insurance when contracting with employee organizations or private companies to manage agency physical fitness programs.
 - b. Use a waiver and/or informed consent statement to provide risk awareness for employees using Federal or private facilities.
 - c. Post rules and regulations in the fitness facilities.
 - d. Provide adequate supervision of the fitness facilities.
 - e. Use competent and professionally certified staff and provide on-going training (CPR training should be a mandatory qualification).
 - f. Provide appropriate, safe equipment and facility layout.
 - g. Provide detailed instructions on the safe use of the facility and equipment.
 - h. Develop written procedures for daily inspection and maintenance/repair of the fitness facility and the equivalent, and document maintenance/repairs.
 - I. Make available basic first aid supplies.
 - j. Maintain a sound accident reporting system.
 - k. Use nationally recognized tests and procedures when providing fitness testing.
 - l. Use medical screening tests and instruments and/or medical exams as a prerequisite for using the fitness facility.
 - m. Use exercise logs for documenting participation in Agency physical fitness programs.

F. Authorities/References.

40 U.S.C. 490 (k);
5 U.S.C. 7901;
FPM Chapter 792 and FPM Letter 792-15 Temporary Regulation D-76;
Department Regulation 4430-2, Wellness Programs, June 14, 1993.

G. Resource.

President's Council on Physical Fitness and Sports (PCPFS) - Provides

consultation and advise on establishing physical fitness programs.

President's Council on Physical Fitness and Sports
200 Independence Ave, Humphrey Bldg., Room 738-H
Washington, D.C. 20201
202-690-9000

9.7 SMOKING CESSATION

Smoking is not allowed on Federal property, which includes motor vehicles. USDA has established special guidelines to allow for smoking areas on USDA owned and leased property, found in Department Regulation 4400-6, USDA Smoking Policy, December 16, 1996.

Employees interested in quitting this addictive pattern are eligible to enroll in smoking cessation classes. APHIS supervisors are authorized to utilize available funds to pay for smoking cessation programs. Smoking cessation programs are available through the American Heart Association, American Lung Association, American Cancer Society, and the Office of Personnel Management. Also, many local hospitals, colleges, and public health services sponsor smoking cessation programs. Carefully review the nature of the program and the credentials of the sponsor.

Employees entering a smoking cessation program will not be charged leave, and APHIS will cover the cost for the first session (approximately four visits). The supervisor may grant administrative leave for a second session/program; however, it is the responsibility of the employee to provide the expense. If a third session is needed, the employee is totally responsible.

9.8 INQUIRIES

If you have questions regarding this chapter contact the APHIS Wellness/WFL Coordinator. The Wellness/WFL Coordinator has handouts and videos on the subjects discussed in this chapter.